

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046876

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6648

DO NOT WRITE ON THIS STUB

AMENDED

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| FILED JAN 14 1963 | |
| <p>1. PLACE OF DEATH</p> <p>a. COUNTY JACKSON</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 40 YEARS</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4205 WOODLAND AVENUE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE MISSOURI COUNTY JACKSON</p> <p>c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 4205 WOODLAND AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p>3. NAME OF DECEASED First Middle Last EMMA D ERTLE</p> | |
| <p>4. DATE OF DEATH Month Day Year DECEMBER 26 1962</p> | |
| <p>5. SEX FEMALE</p> | <p>6. COLOR OR RACE WHITE</p> |
| <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p> | <p>8. DATE OF BIRTH 9-23-1879</p> |
| <p>9. AGE (last birthday) 83</p> | <p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.</p> |
| <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER</p> | <p>10b. KIND OF BUSINESS OR INDUSTRY APARTMENT BLDG.</p> |
| <p>11. BIRTHPLACE (City and state or country) Germany</p> | <p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p> |
| <p>13a. FATHER'S NAME -- Hall</p> | <p>13b. MOTHER'S MAIDEN NAME unknown</p> |
| <p>14. NAME OF HUSBAND OR WIFE GEORGE FRANK ERTLE</p> | |
| <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO</p> | <p>16. SOCIAL SECURITY NO. unknown</p> |
| <p>17. INFORMANT MRS. FRANK ROY</p> | <p>Address 545 E. 101ST TERR. KANSAS CITY, MO.</p> |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Coronary Thrombosis</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis</p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) old age -</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>INTERVAL BETWEEN ONSET AND DEATH 10 min</p> | |
| <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> | <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> |
| <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> | |
| <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p> | |
| <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> | <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> |
| <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p> | |
| <p>21. I attended the deceased from 12-23-62 to 12-25-62 and last saw her/him alive on 12-25-62</p> <p>Death occurred at 9:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.</p> | |
| <p>22a. SIGNATURE (Degree or title) C. J. Lombardino D.O.</p> | <p>22b. ADDRESS 11525 So 71 Highway S.C. Mo.</p> |
| <p>22c. DATE SIGNED 12-27-62</p> | |
| <p>23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p> | <p>23b. DATE DEC. 28, 1962</p> |
| <p>23c. NAME OF CEMETERY OR CREMATOR ELMWOOD CEMETERY</p> | <p>23d. LOCATION (City, town, or County) (State) KANSAS CITY MISSOURI</p> |
| <p>24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</p> | <p>25. DATE RECD. BY LOCAL REG. 12-28-62</p> |
| <p>26. REGISTRAR'S SIGNATURE Ruth Long</p> | |

VS 300 Rev. 4/59
 1
 2 **3 (no 2)**
 3
 4 **1**
 5 **2**
 6
 7 **2**
 8 **0**
 9 **4201**
 10
 11
 12 **1270-2**
 13

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 Lombardino MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

115-2580 71 Highway - Robinsonville
2.00-5.00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.